Image# 11931515816 05%29\$210121 17:19

## **FEC FORM 5**

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

1. (a) Name of Individual, Organization or Corporation     INDEPENDENT WOMEN'S VOICE	orporations
(b) Address (number and street)	
(c) City, State and ZIP Code  WASHINGTON DC 20006  2. Corporate filers only	3. FEC Identification Number  C C90011115
Is the filer a qualified nonprofit corporation?	Occupation
4. TYPE OF REPORT (check appropriate boxes):  (a) April 15 Quarterly Report  July 15 Quarterly Report  October Quarterly Report  January 31 Year-End Report  (b) Is this Report an amendment? Yes No X   5. COVERING PERIOD: FROM  M M / D D / Y Y Y Y Y  THROUGH	Notice
6. TOTAL CONTRIBUTIONS	0.00
Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulation TYPE OR PRINT NAME OF PERSON COMPLETING FORM  SIGNATURE	the independent expenditures
Heather R. Higgins  NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report	05/21/2011 to the penalties of 2 U.S.C 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

## SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE <b>2</b> / <b>2</b>
--------------------------

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

INDEPEN	JDENT	WOMEN'S	VOICE

Full Name (Last, First, Middle Initial) of Payee			Date	
William W. Pascoe, III				
Mailing Address			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
2101 Mill Road #413			Amount	
City	State	Zip Code	2500.00	
Alexandria	VA	22314		
Purpose of Expenditure		Category/	Office Sought: X House State: NY	
Script Writing		Type	House Senate	
Name of Federal Candidate Supported or Opposed	by Expenditure:	<u> </u> :	President District: 26	
JANE CORWIN			Check One: X Support Oppose	
			Disbursement For: Primary General	
Calendar Year-To-Date Per Election for Office Sought		2500.00	2011 —	
			Other (specify) Special-General	
Full Name (Last, First, Middle Initial) of Payee Victory Media Group			Date	
victory iviedia Group			M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 1816 Garfield Avenue			Amount	
1010 Garrield Averlue			4127.17	
City	State	Zip Code	4127.17	
Aurora	IL	60506		
Purpose of Expenditure List Rental		Category/	Office Sought: X House State: NY	
		Type	House Senate District: 26	
Name of Federal Candidate Supported or Opposed JANE CORWIN	by Expenditure:	:	President	
DAIL OCHWIN			Check One: X Support Oppose	
Calendar Year-To-Date Per Election			Disbursement For: Primary General	
for Office Sought	6627.17		Other (specify) Special-General	
Full Name (Last, First, Middle Initial) of Payee			Date	
Victory Media Group				
Mailing Address			M M / D D / Y Y Y Y Y	
1816 Garfield Avenue			Amount	
City	State	Zip Code	2541.04	
Aurora	IL	60506		
Purpose of Expenditure		Category/	Office Sought: X House State: NY	
Phonen Banks		Туре	House Senate	
Name of Federal Candidate Supported or Opposed	by Expenditure:	<b>!</b> :	President District: 26	
JANE CORWIN			Check One: X Support Oppose	
			Disbursement For: Primary General	
Calendar Year-To-Date Per Election for Office Sought		9168.21	2011	
.5. 5.1155 5569.11			Other (specify) Special-General	
(a) SURTOTAL of Itamized Indonordant Expanditu	roe		9168.21	
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) SUBTOTALof Unitemized Independent Expenditures				
,,				
(c) TOTAL Independent Expenditures			9168.21	
(carry total from last page forward to Lin	e /)			